

APPLICATION FOR AGENT'S LICENSE

Name of Employer_____

UNDER CHAPTER 20.01 RCW	OFFICE USE ONLY	
License Fee: \$28.00 Year	ISSUED	
Applicant (Name)Applicant mailing address		
SIGNATURE OF A	PPLICANT DAT	
This applicant is hereby authorized to receive, conconsignment or purchase of agricultural products on		

CASHIER USE ONLY

Employer's Address_____ SIGNATURE OF EMPLOYER DATE

INSTRUCTIONS

Make all checks payable to: WSDA

MAIL APPLICATION AND LICENSE FEE TO:

Washington State Department of Agriculture Commission Merchants Program P.O. Box 42591 Olympia, WA 98504-2591 Phone: (360) 902-1854